



The Commonwealth of Massachusetts  
ADMINISTRATIVE OFFICE OF THE TRIAL COURT  
Office of Transcription Services (OTS)  
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Boston, Massachusetts 02108

**TRANSCRIPT ASSESSMENT FORM (TAF)**

**Ordering Party:** Complete one (1) Transcript Assessment Form (TAF) for each volume of transcript, and FAX the TAF to OTS at 617-878-0762.

TODAY'S DATE: \_\_\_\_\_ ORDERING PARTY NAME: \_\_\_\_\_

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JUDGE: \_\_\_\_\_ TRANSCRIPT DATE: \_\_\_\_\_

TRANSCRIPT VOLUME: \_\_\_\_\_ OF \_\_\_\_\_

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**QUALITY OF TRANSCRIPT:**

(check one)

☐ excellent ☐ good ☐ fair ☐ poor

**TIMELINESS OF TRANSCRIPT:**

(check one)

☐ <30 days ☐ <60 ☐ <90 ☐ >90 days

(check all that apply)

☐ inaudible

☐ inaudible

☐ indiscernible

☐ indiscernible

☐ spelling error

☐ typing error

☐ \_\_\_\_\_

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**PAGE NUMBER, LINE NUMBER**

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**COMMENTS:** \_\_\_\_\_

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